PTO/SB/22 (09-06)
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Trademark Office: U.S. DEPARTMENT OF COMMERCE

FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) pplication Number 10/537,319-Conf. #3192 F or INHIBITOR OF ANGIOGENESIS AND KIT FOR TREATING CANC or Unit 1642 E nis is a request under the provisions of 37 CFR 1.136(a) to extend the perentified application.	iled Justines ER COMPRISING ER COMPRISING Examiner Fried for filing a reply and enter the approximately free \$60 \$225 \$510 \$795 \$1080	tit Account.	elow)
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Registration number if acting under 37 CFR 1.34 My L. Lann Signature Amy G. Klann	Form PTO/SB/96).		
My H. Wann Signature Amy G. Klann			
Amy G. Klann		<u> </u>	
Amy G. Klann		20, 2007	
		ate	
· · ·		27-7692 ie Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representant one signature is required, see below. Total of forms are submitted.	tauve(s) are required. Sui	omit mutuple forms	- II MON

PTO/SB/17 (02-07)
Approved for use through 02/28/2007. OMB 0651-0032
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Under the Paperwork R	eduction Act of 1s	395, 110 person are re	quired to I	espond to a conection		plete if Know		control number.
Effe Fees pursuant to the Conso	ective on 12/08/20		. 4818).	Application Nun		10/537,319-Co		
	Filing Date		June 1, 2005					
FEE TRANSMITTAL				First Named Inv		Chang Seo Park		
For FY 2007				Examiner Name		M. Halvorson		
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 1642				
TOTAL AMOUNT OF PAYMENT (\$) 120.00			Attomey Docket No. 20489/0202			76-US0		
METHOD OF PAYM	ENT (check a	II that apply)						
x Check Cred	it Card	Money Order [Non	e Other (please ident	tify):		
Deposit Account	Deposit Account Nu	umber: 04-0100 D	eposit Acco	ount Name:		Darby & Darby	P.C.	
For the above-io	lentified depos	it account, the Di	rector is	hereby authorize	ed to: (chec	k all that apply)		
Charge fee	e(s) indicated l	below		Charge	e fee(s) ind	ficated below, ex	cept for t	he filing fee
X Charge an	y additional fe ler 37 CFR 1.1	e(s) or underpayr	nents of	x Credit	any overpa	ayments		
FEE CALCULATION							_	
1. BASIC FILING, SEAF		AMINATION FEE	S					
,	•	NG FEES		RCH FEES	EXAMIN	IATION FEES		•
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Eggs I	Paid (\$)
Utility	300	150	500	250	200	100	<u>rees i</u>	aiu (\$)
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEE	S						Fee (\$)	Small Entity Fee (\$)
Fee Description Each claim over 20 (inc	ludina Daissu	an)					50	
Each independent claim	-	•					200	25 100
Multiple dependent clair	•	ing Keissues)					360	180
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6 - 20 =	<u>tra Ciaims</u> x	Fee (\$)	reer	aiu (#)			ee Paid (\$:
HP = highest number of total					<u> </u>	<u>c (4) </u>	ee i aiu is	4
Indep. Claims Ex	tra Claims	Fee (\$)	Fee P	aid (\$)				
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HP = highest number of inde	ependent claims p	aid for, if greater than	3					_
3. APPLICATION SIZE If the specification and listings under 37 CF	l drawings exc							n ·
sheets or fraction th					OI SIIIAII EI	ility) for each au	unional 3	
Total Sheets	Extra Sheets	Number o	f each ac	Iditional 50 or frac	tion thereo	f <u>Fee (\$)</u>	Fee l	Paid_(\$)
- 100 =		/50		(round up to a who	le number)	x =	:	·
4. OTHER FEE(S)							<u>Fees</u>	Paid (\$)
Non-English Specific		•	-	•				
Other (e.g., late filing	g surcharge): _	1251 Extension	for res	ponse within til	st month		12	0.00
SUBMITTED BY	11	, , , , ,		Decistantic - M-				
Signature Cm	24 XI	Klann		Registration No. (Attorney/Agent)	48,155	Telephone	(212) 52	7-7692
Name (Print/Type) Amy C	Klann					Date	March 20), 2007

		
Express Mail Label No.	Dated:	